

TEXAS DEPARTMENT OF HEALTH  
P.O. BOX 12197  
AUSTIN, TEXAS 78711-2197  
(512) 834-6616

DATE

Name  
Address  
City/State/Zip

RE: Renewal \_\_\_\_\_  
FOR: Massage Therapy Instructor Registration

Expired On: \_\_\_\_\_

To renew your registration return this document postmarked on or before the due date with the appropriate fee made payable to the Texas Department of Health. **FEES MUST BE PAID IN ( PERSONAL CHECK, CERTIFIED CHECK OR MONEY ORDER).**

REGISTRATION NUMBER:  
RENEWAL AMOUNT DUE: \$200.00  
DATE DUE BY:

You have one year after your expiration date to renew. If you do not renew within this year, you may obtain a new registration by reapplying under the current rules.

**You registration is now expired. Do not perform the activities of a massage therapy instructor.**

Please update the following information if incorrect:

ADDRESS CORRECTIONS:

HOME PHONE:(\_\_\_\_\_)\_\_\_\_\_-

The following information **must** be provided: Correct SSN#\_\_\_\_\_-\_\_\_\_\_-

**List the massage therapy school where you are currently instructing massage therapy. If you are not currently instructing, please show n/a.**

Name of School \_\_\_\_\_ Work Telephone \_\_\_\_\_  
School Address \_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_-  
City, State, Zip \_\_\_\_\_  
Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
(MM/YY) (MM/YY)

List courses taught

**If yes to either question, give date and attach a copy of the charges and disposition papers.**

- (1) Have you been convicted of a felony or misdemeanor in the last 12 months?  
**YES (\_\_\_\_\_) NO(\_\_\_\_\_)**
- (2) Have you entered a plea of nolo contendere, entered a plea of guilty, or received deferred adjudication for a felony in the last 12 months?  
**YES (\_\_\_\_\_) NO(\_\_\_\_\_)**

**NOTE:** If your name has changed, submit a copy of the legal name change document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_